SCHEDULE B (FEC Form 3X)

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Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag			21b 27		22 28a	X 23 28	b	24 28c	H	25 29	ш	26 30b
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<u> </u>	Full Name (Last, First, Middle Initial)								_	38604	-05			
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J.	Friends of Lois Capps						Date of			ent	/ · V		V	
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